

The Illinois Health Care Association (IHCA) was founded in 1950 and is the oldest and largest long term care provider association in Illinois. Our charge is to represent quality nursing homes, assisted living and supportive living facilities and other entities. These include over 375 member facilities, their staff, and most importantly, the residents they serve.

We thank you for the opportunity to comment on the 1115 waiver process.

On behalf of our members we would like to raise some questions and concerns we have with the process and the concept paper.

First, we are troubled by the fact that the aggressive timeline combined with a high-level concept paper that lacks any real substance makes it difficult to impossible for stakeholders to have any meaningful input. We instead are reduced to reacting to catchy sound bites and hyperbole.

For instance, page 3 of the concept paper states Medicaid in 2012 was, “on the brink of collapse” and cites a \$2.7 billion budget hole. The truth is the Illinois Department of Healthcare and Family Services’ (HFS) liability for medical programs from 2011 to 2012 actually decreased by \$16 million – at the time when the SMART Act was cutting recipients’ benefits and providers’ rates. The backdrop to this was an income tax increase of approximately \$7 billion that solely funded the ever increasing pension payments with not a penny for Medicaid. Additionally, the majority of Medicaid’s growth has been a result of growing Medicaid enrollees not the cost of care.

In addition, we are concerned that once this waiver is submitted, transparency will end until the waiver reaches approval and stakeholders will be left in the dark and only able to react once it is done. HFS has kept secret previous State Plan Amendment (SPA) and waiver negotiations with federal CMS. SPAs pending federal approval are denied under the Freedom of Information Act. HFS only shares what it wants with whom it wants. Our concern is that the State will only share information with stakeholders that agree with their positions and withhold information from those who may differ. A major undertaking like this waiver should be 100 percent transparent to all stakeholders during every step of the process.

While our biggest concerns center on transparency, timeframes and provider access to the process, there are some areas that we can focus on. Rather than direct commentary on our part in these areas, we would like to pose questions designed to gain clarity and insight into the ultimate intentions of the state in regards to the 1115 Waiver. The following are in no particular order of priority or appearance in the concept paper, but all deserve more attention than they received:

- 1.) There are multiple ongoing efforts in the state designed to rebalance care, achieve desired savings for the Medicaid program and capture additional federal funding. Prime among these is the Balancing Incentive Program (BIP). The state has convened a stakeholder workgroup to discuss achieving a goal of equity in expenditures for facility based long term care services and home and community based services (HCBS). Materials used in these meetings state that the state is presently allocating 38 percent of long term care dollars for HCBS. In the first few stakeholder meetings on the 1115 Waiver, multiple references to the BIP have been made,

including statements that budgetary concerns will be made in concert with the efforts on the BIP. In light of this, we feel that questions that we posed of those overseeing the BIP, (which remain unanswered) should be posed here as well:

- What legislative budgeting approaches, if any, on the part of the state will be utilized to meet the rebalancing goals as described in the BIP and in the 1115 Waiver Concept Paper?
- What does the additional 12 percent of funding allocated for HCBS represent in actual dollars?
- Would a balanced 50/50 spending for facility based long term care and HCBS necessitate a shift of dollars from facility budget lines, or would the funding captured in the BIP grant suffice to achieve equity?
- Will the existing 'rebalancing' efforts undertaken by the state, such as Money Follows the Person, along with the Colbert, Williams and Ligas Consent Decrees suffice to meet the 'rebalancing' goals of the 1115 Waiver process and the BIP?

Answers to these questions are necessary to ascertain what next steps are for the long term care provider community.

2.) Another area of concern is in regards to the prioritization of managed care initiatives as spoken to on pages 8, 9 and 14 of the concept paper. Long term care providers have already been integrated into the managed care world in Illinois through the Integrated Care Program (ICP) and the impending Medicare Medicaid Alignment Initiative (MMAI). Due to concerns that arose from the implementation of the ICP, the state, long term care providers and relevant managed care organizations (MCOs) convened a working table to discuss how to craft the best possible path forward with the larger MMAI program. The majority of providers, in combination with the MCOs, have crafted a reasonable approach to the implementation of this next step in long term care managed care in Illinois. This was not an outcome that came about overnight, but rather one that required a substantial investment of time and energy to accomplish. These efforts, when held up to the statements in the 1115 Waiver Concept paper, raise questions for us:

- What are the implications for the agreement between the state, long term care providers and the MCOs on the impending implementation of the MMAI program?
- What implications exist for the ongoing ICP program under the 1115 Waiver? As this program was not as fully debated and negotiated as the MMAI, does an opportunity to revisit the parameters of the ICP exist to allow for creation of a better working program?
- Can long term care providers expect additional long term care initiatives beyond those already in place as part of the 1115 waiver?

3.) One area that we feel was not adequately addressed was in the section regarding workforce development and workforce educational development opportunities, pages 12 and 13 specifically. While we do not disagree with a goal of increasing top level healthcare providers in physicians, physicians assistants and nurse practitioners, there are other areas that are equally

worthy of attention. It is no secret that Illinois is still experiencing a severe shortage of nursing professionals. Additionally, entry level health care professionals such as certified nursing assistants are often pushed from the health care field due to lack of opportunities for advancement, including a lack of educational opportunities. Are the following going to be examined as part of the workforce development goals of the 1115 Waiver:

- Has any consideration been given to a more robust development of available registered, advanced practice and other high level nurses as part of the workforce development goals of the 1115 Waiver?
- Has any consideration been given to the inclusion of career advancement opportunities for lower level health care workers?
- Has any consideration been given to the expansion of nursing educational opportunities, including both the pursuit of advanced degree nursing and nursing career ladder options?

4.) In regards to the section on nursing facility transformation, we have a number of questions and concerns. Funding rebalancing has already been addressed above, and as such we'd like to address some of the operational and policy approaches in this section. Particularly bothersome here is the lack of clarity. These are broad concepts with little in the way of supportive detail. To actualize effective and reasonable change in these areas, a timeline greater than the two months and handful of meetings planned for would be necessary. Our concerns include:

- The first dot point under the development and implementation of an incentive based pool for facilities to drive transformation dot point, page 11, simply states "Quality of care improvements." As diverse as the range of opinions on what constitutes quality improvements is the number of settings and negotiations on the topic. A great deal of elaboration is needed here. What are the intentions for discussion on this concept? Who will be included? What past work products will be utilized?
- Our concerns with the second dot point under the development and implementation of an incentive based pool for facilities to drive transformation, page 11, are addressed in large part in previous comments on managed care. However, does a separate section here indicate that additional efforts in this regard are being considered?
- The third dot point under the development and implementation of an incentive based pool for facilities to drive transformation, page 11, speaks to a process for effective transitioning between settings in the care continuum. As with the first dot point, there are a multitude of examples of this concept being addressed elsewhere, not the least of which is the BIP, as addressed above. Similar questions exist here. What are the intentions for discussion on this concept? Who will be included? What past work products will be utilized?

- In the second dot point on page 11, regarding debt relief and capital investments for nursing homes, we have a number of concerns. There are existing tools to address this possibility. Indeed, the Conversion Subcommittee of the Older Adult Services Advisory Committee (OASAC) pursued a legislative option in 2009 that dealt with this issue. The option existed as part of a comprehensive 'rebalancing' program, which was created by the Older Adult Services Act. As with previous concerns, are we going to reinvent the wheel here? What approaches from the past will be incorporated in to the work product? What are the intentions for discussion and who will be involved?
- Finally, the third dot point on page 11, regarding supportive housing and employment options for long term care populations, also deals with issues that have been addressed in numerous settings, not the least of which is in the discussions of the OASAC.

The entire section on nursing facility transformation was described using approximately 300 words. The concepts here have been part of conversations for the better part of the last decade. Any real discussion on nursing home transformation needs to look to where we have been on the issues, involve the relevant players, and be done in a deliberate and thoughtful manner. As spelled out in the concept paper, there is a lot of ground still to cover if this process is to achieve relevant and effective 'transformation' of nursing home care in Illinois.

The preceding areas identified as needing clarification, revision or inclusions of additional items are just the tip of the iceberg. The Illinois Health Care Association believes the timelines put in place and the lack of clarity surrounding many of the stated objectives of the development of an Illinois 1115 Waiver should give all involved cause for great pause. The timelines, transparency concerns and uncertainties on end goals of the process make robust and meaningful conversation on these areas and others difficult at best.

In conclusion we would like to again thank you for the opportunity to share our thoughts, concerns, and questions. We look forward to future conversations and answers to our questions. We understand a completely open process, inclusive of all concerns, can be challenging and even messy but ultimately it is necessary in creating the best product.

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